

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	19	4/11/94
EXAMINER	401	4/22/94
TYPIST	MMY	4/12/94
VERIFIER	166	4/13/94
CORPS CORR.		
SPEC. HAND	100 437	8-1-94
FILE MAINT.	442	4/25/94
DRAFTING		

INDEX OF CLAIMS

Claim	Final Original	Date
1	1	4/10/94
2		4/10/94
3		4/10/94
4		
5		
6		
7	1	4/10/94
8		
9		
10		
11		
12		
13		
14	1	4/10/94
15		
16		
17	1	4/10/94
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30	1	4/10/94
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42	1	4/10/94
43		
44		
45		
46	1	4/10/94
47		
48		
49		
50		

SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
51	4/16/94
52	
53	
54	✓
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	